

1
FOR STATE
HEALTH DEPT.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
MEDICAL EXAMINER'S CERTIFICATE OF DEATH

04983

Reg. Dist. No.

| | | | |
|--|-------------------------------|--|--------------------------------------|
| 1. PLACE OF DEATH a. COUNTY Somerset MARYLAND | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Maryland b. COUNTY Somerset | |
| b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Marumscoc | | c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Marumscoc | |
| d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) RFD, near Marion | | e. IS RESIDENCE ON A FARM? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> | |
| 3. NAME OF DECEASED (Type or print) First GEORGE Middle OLLIE Last BRIDDELLE | | 4. DATE OF DEATH Month April Day 24 Year 19 58 | |
| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH June 27 1874 |
| 9. AGE (In years last birthday) 83 yrs. | | IF UNDER 1 YEAR: Months <input type="checkbox"/> Days <input type="checkbox"/> Hours <input type="checkbox"/> Min. <input type="checkbox"/> | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer | | 10b. KIND OF BUSINESS OR INDUSTRY Own farm | |
| 11. BIRTHPLACE (State or foreign country) Maryland | | 12. CITIZEN OF WHAT COUNTRY? USA | |
| 13. FATHER'S NAME Jenkins Briddelle | | 14. MOTHER'S MAIDEN NAME Annie Howard | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) No | | 16. SOCIAL SECURITY NO. None | |
| 17. INFORMANT Wallace Briddelle, Marion, Md. | | Address | |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Apparant recurrence of 443X DUE TO Heart attack & Arterio Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost. DUE TO Sclerosis - Senility - PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) William H. Coulbourn, M.D. | | | |
| 20a. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH. | | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Form 10-10-57.) | |
| 20c. TIME OF INJURY Hour <input type="checkbox"/> o. m. <input type="checkbox"/> p. m. 19 | | 20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/> | |
| 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | | 20f. CITY OR TOWN (City or town) Rehobeth, Md. (County) SOMERSET COUNTY (State) | |
| 21. I certify that I took charge of the remains described above, held on Autopsy <input type="checkbox"/> Inspection <input type="checkbox"/> Inquiry <input type="checkbox"/> and in my opinion death resulted from: Natural causes <input checked="" type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Undetermined manner <input type="checkbox"/> | | | |
| ACTUAL SIGNATURE William H. Coulbourn M.D. | | CHIEF MEDICAL EXAMINER <input type="checkbox"/> | |
| EXAMINER'S NAME (Type) William H. Coulbourn, M. D. | | ASSISTANT MEDICAL EXAMINER <input type="checkbox"/> | |
| 22a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 22b. DATE THEREOF 4-27-58 | |
| 22c. NAME OF CEMETERY OR CREMATORY Rehobeth Baptist Cemetery | | 22d. LOCATION (City, town, or county) Rehobeth, Md. (State) | |
| 23. FUNERAL DIRECTOR'S SIGNATURE Bradshaw & Sons, Crisfield, Md. | | 24a. REC'D BY REGISTRAR APR 29 '58 | |
| 24b. REGISTRAR'S SIGNATURE W. H. Coulbourn | | DATE SIGNED Apr 26-58 | |

STATE DEPARTMENT OF HEALTH - BATHING
MEDICAL EXAMINER'S CERTIFICATE OF DEATH

4385

NAME: [illegible]
AGE: [illegible]
SEX: [illegible]
RACE: [illegible]
DATE OF BIRTH: [illegible]
PLACE OF BIRTH: [illegible]
OCCUPATION: [illegible]
CAUSE OF DEATH: [illegible]
MANNER OF DEATH: [illegible]
SIGNATURE: [illegible]
DATE: [illegible]

BUREAU V. 5

APR 29 1938

RECEIVED

William E. Thompson, M.D.

State Department of Health

Washington, D.C.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

4988

CERTIFICATE OF DEATH

04984

Reg. Dist. No.

| | | | |
|---|-------------------------------|--|---------------------------------------|
| 1. PLACE OF DEATH a. COUNTY Somerset MARYLAND | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Maryland b. COUNTY Somerset | |
| b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Crisfield | | c. LENGTH OF STAY IN 1b Lifetime | |
| d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION 329 Chesapeake Ave. | | e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |
| 3. NAME OF DECEASED (Type or print) First JOHN Middle HENRY Last CHARNICK | | 4. DATE OF DEATH Month April Day 20 Year 1958 | |
| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH Jan. 22, 1882 |
| 9. AGE (In years last birthday) 76 yrs. | | 10. IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min. | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer | | 10b. KIND OF BUSINESS OR INDUSTRY Seafood Industry | |
| 11. BIRTHPLACE (State or foreign country) Crisfield, Md. | | 12. CITIZEN OF WHAT COUNTRY? U S A | |
| 13. FATHER'S NAME John H. Charnick | | 14. MOTHER'S MAIDEN NAME unknown | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No (If yes, give war or dates of service) | | 16. SOCIAL SECURITY NO. | |
| 17. INFORMANT Elsie Mae Charnick--329 Chesapeake Ave. | | Address | |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c)] PART I. DEATH WAS CAUSED BY: 332x IMMEDIATE CAUSE (a) Cerebral Thrombosis DUE TO (b) Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 480x Pneumonia following Flu 20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20c. TIME OF INJURY Month, Day, Year Hour a. m. p. m. 19 20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/> 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 20f. (City or town) (County) (State) 21. I certify that I attended the deceased from April 19, 1958 to April 20, 1958 that I last saw the deceased alive on April 19, 1958 , and that death occurred at 5:30 A.M. from the causes and on the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL SIGNATURE Sarah M. Peyton M.D. PHYSICIAN'S NAME (Type) Dr. Sarah M. Peyton, M. D. Main St.--Crisfield, Md. 22a. BURIAL, CREMATION, REMOVAL (Specify) Burial 22b. DATE THEREOF Apr. 23, 1958 22c. NAME OF CEMETERY OR CREMATORY Sunnyridge Cemetery 22d. LOCATION (City, town, or county) (State) Crisfield, Md. 23. FUNERAL DIRECTOR'S SIGNATURE Bradshaw & Sons--Crisfield, Md. ADDRESS 4th St. S.E. Crisfield, Md. 24a. REC'D BY REGISTRAR APR 24 '58 24b. REGISTRAR'S SIGNATURE Perkins | | | |

MEDICAL CERTIFICATION

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be filed with the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled out by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

CERTIFICATE OF DEATH

BUREAU V. S.

APR 24 1958

RECEIVED

4993 CERTIFICATE OF DEATH

Reg. Dist. No.

| | | | |
|--|--|---|---|
| 1. PLACE OF DEATH a. COUNTY <u>SOMERSET</u> MARYLAND | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MARYLAND</u> b. COUNTY <u>SOMERSET</u> | |
| b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <u>CRISFIELD</u> | | c. LENGTH OF STAY IN 1b <u>2 HRS.</u> | |
| d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION <u>EDW. W. MCCREADY MEMO. HOSP.</u> | | d. STREET ADDRESS <u>133 MAPLE AVENUE</u> | |
| 3. NAME OF DECEASED (Type or print) <u>INFANT FEMALE COLLINS</u> | | 4. DATE OF DEATH <u>APRIL 20 1958</u> | |
| 5. SEX <u>FEMALE</u> | 6. COLOR OR RACE <u>WHITE</u> | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH <u>APRIL 20, 1958</u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | | 10b. KIND OF BUSINESS OR INDUSTRY | |
| 11. BIRTHPLACE (State or foreign country) <u>MARYLAND</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> | |
| 13. FATHER'S NAME <u>ROBERT LEE COLLINS</u> | | 14. MOTHER'S MAIDEN NAME <u>MARY ELLEN SOMERS</u> | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u> | | 16. SOCIAL SECURITY NO. <u>NO</u> | |
| 17. INFORMANT <u>MARY COLLINS, 133 MAPLE AVE., CRISFIELD, MARYLAND</u> | | Address <u>CRISFIELD</u> | |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Premature birth (6m)</u> <u>776x</u> DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost. (b) _____ DUE TO (c) _____ | | | INTERVAL BETWEEN ONSET AND DEATH <u>2 hrs.</u> |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) _____ | | | |
| 20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, NOTIFY MEDICAL EXAMINER) | | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) | |
| 20c. TIME OF INJURY Month, Day, Year Hour o. m. _____ p. m. _____ 19 _____ | | 20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/> | |
| 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | | 20f. (City or town) _____ (County) _____ (State) _____ | |
| 21. I certify that I attended the deceased from <u>4/20</u> , 19 <u>58</u> , to <u>4-20</u> , 19 <u>58</u> , that I last saw the deceased alive on <u>APRIL 20</u> , 19 <u>58</u> , and that death occurred at <u>9:00 AM</u> , from the causes and on the date stated above. ADDRESS (Street, city or town, state) _____ DATE SIGNED _____ | | | |
| ACTUAL SIGNATURE <u>Sarah M. Peyton</u> M.D. <u>CRISFIELD, MARYLAND</u> | | | |
| PHYSICIAN'S NAME (Type) <u>DR. SARAH M. PEYTON, CRISFIELD, MARYLAND</u> | | | |
| 22a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 22b. DATE THEREOF <u>Apr. 21, 1958</u> | 22c. NAME OF CEMETERY OR CREMATORY <u>Crisfield Cemetery</u> | 22d. LOCATION (City, town, or county) (State) <u>Crisfield, Md.</u> |
| 23. FUNERAL DIRECTOR'S SIGNATURE <u>Bradshaw & Sons—Crisfield, Md.</u> | | 24a. REC'D BY REGISTRAR <u>APR 24 '58</u> 24b. REGISTRAR'S SIGNATURE <u>W. Leach</u> | |

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled, pay the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

2079314 XVI

BUREAU V. S.

APR 24 1959

RECEIVED

4994 CERTIFICATE OF DEATH

04986

Reg. Dist. No.

| | | | |
|---|---|--|---|
| 1. PLACE OF DEATH a. COUNTY SOMERSET MARYLAND | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MARYLAND b. COUNTY SOMERSET | |
| b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) CRISFIELD | | c. LENGTH OF STAY IN 1b 14 DAYS | |
| d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION EDW. W. MCCREADY MEMO. HOSP. | | e. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) MARION STATION, MARYLAND | |
| 3. NAME OF DECEASED (Type or print) First ESTELLA Middle COTTMAN Last COTTMAN | | 4. DATE OF DEATH Month APRIL Day 12 Year 19 58 | |
| 5. SEX FEMALE | 6. COLOR OR RACE NEGRO | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH Nov. 17, 1892 |
| 9. AGE (In years last birthday) 65 yrs. | | IF UNDER 1 YEAR Months Days Hours Min. | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework | | 10b. KIND OF BUSINESS OR INDUSTRY | |
| 11. BIRTHPLACE (State or foreign country) MARYLAND | | 12. CITIZEN OF WHAT COUNTRY? U.S.A. | |
| 13. FATHER'S NAME Algic Ward | | 14. MOTHER'S MAIDEN NAME Leah Jane Whittington | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) NO. (If yes, give war or dates of service) | | 16. SOCIAL SECURITY NO. 217-30-7502 | |
| 17. INFORMANT OSCAR COTTMAN, MARION STATION, MD. | | Address | |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Uremia, acute 422.2 DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (b) Chronic nephritis DUE TO (c) Chronic glomerulonephritis | | | INTERVAL BETWEEN ONSET AND DEATH 2 weeks |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) | | | |
| 20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, NOTIFY MEDICAL EXAMINER) | | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) | |
| 20c. TIME OF INJURY Hour a. m. 19 p. m. | 20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/> | 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | 20f. (City or town) (County) (State) |
| 21. I certify that I attended the deceased from 3/28 , 19 58 , to 4/12 , 19 58 , that I last saw the deceased alive on APRIL 12 , 19 58 , and that death occurred at 1:30 P.M. from the causes and on the date stated above. | | | |
| ACTUAL SIGNATURE George C. Coulbourn | | ADDRESS (Street, city or town, state) MARION STATION, MARYLAND DATE SIGNED 4/12/58 | |
| PHYSICIAN'S NAME (Type) GEORGE C. COULBOURN | | MARION STATION, MARYLAND | |
| 22a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 22b. DATE HEREOF 4/16/58 | 22c. NAME OF CEMETERY OR CREMATORY Mt. Peer | 22d. LOCATION (City, town, or county) (State) Marion Sta., Som. Co., Md. |
| 23. FUNERAL DIRECTOR'S SIGNATURE Charles H. Ward - Marion Sta., Md. | | 24a. REC'D BY REGISTRAR DATE APR 21 '58 | 24b. REGISTRAR'S SIGNATURE W. H. ... |

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in, the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

CERTIFICATE OF DEATH

No. 17, 1958

John Jones Williams

John Jones Williams

212-8-201

BUREAU V. 3

SEP 21 1958

RECEIVED

Charles H. Ward - Notice 20-111
#12 22 VI 1961

4995

CERTIFICATE OF DEATH

Reg. Dist. No.

04987

| | | | |
|--|--|--|--|
| 1. PLACE OF DEATH a. COUNTY Somerset MARYLAND | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Maryland b. COUNTY Somerset | |
| b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Crisfield | | c. LENGTH OF STAY IN 1b 35 years | |
| d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION R. F. D. #1 | | e. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Crisfield | |
| | | d. STREET ADDRESS R. F. D. #1 | |
| | | e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |
| 3. NAME OF DECEASED (Type or print) First VENNIA Middle M. Last HOWARD | | 4. DATE OF DEATH Month April 29, Year 1958 | |
| 5. SEX Female | 6. COLOR OR RACE White | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH September 28, 1890 |
| | | 9. AGE (In years last birthday) 67 yrs. | IF UNDER 1 YEAR Months Days Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Processor | | 10b. KIND OF BUSINESS OR INDUSTRY Canning | 11. BIRTHPLACE (State or foreign country) New Church, Virginia |
| 13. FATHER'S NAME Julius Mason | | 14. MOTHER'S MAIDEN NAME Unknown | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) None | | 16. SOCIAL SECURITY NO. 216-05-8899 | 17. INFORMANT Address Mrs. Clinton White, Crisfield, Md. |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 442X Bronchopneumonia, Terminal DUE TO Emaciation Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost, (b) 1 Hypertension Cardio-Vascular-Renal Disease (c) 13 mo 5 years | | | INTERVAL BETWEEN ONSET AND DEATH 8 days |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 491X | | | 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
| 20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) | |
| 20c. TIME OF INJURY Month, Day, Year Hour a. m. p. m. 19 | 20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/> | 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | 20f. (City or town) (County) (State) |
| 21. I certify that I attended the deceased from May 15, 1958 , to April 29, 1958 , that I last saw the deceased alive on April 29, 1958 , and that death occurred at 11:45 P.M. from the causes and on the date stated above. | | | |
| ACTUAL SIGNATURE A. N. Barr, M.D. M.D. | | ADDRESS (Street, city or town, state) Crisfield, Md. DATE SIGNED 4/30/58 | |
| PHYSICIAN'S NAME (Type) A. N. Barr, M. D. | | Crisfield, Md. | |
| 22a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 22b. DATE THEREOF May 2, 1958 | 22c. NAME OF CEMETERY OR CREMATORY Nelson Cemetery | 22d. LOCATION (City, town, or county) (State) Pocomoke, Md. |
| 23. FUNERAL DIRECTOR'S SIGNATURE Bradshaw & Sons, Crisfield, Md. ADDRESS | | 24a. REC'D BY REGISTRAR MAY 5 '58 DATE | |
| | | 24b. REGISTRAR'S SIGNATURE W. Leach | |

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled out, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

INVESTIGATION OF THE EFFECTS OF AEROSOL PARTICLES ON THE
RESPIRATORY SYSTEM

• **Allopathy** – modern medicine

1997, 1998, 1999, 2000, 2001, 2002, 2003, 2004, 2005, 2006, 2007, 2008, 2009, 2010, 2011, 2012, 2013, 2014, 2015, 2016, 2017, 2018, 2019, 2020, 2021, 2022, 2023, 2024, 2025, 2026, 2027, 2028, 2029, 2030, 2031, 2032, 2033, 2034, 2035, 2036, 2037, 2038, 2039, 2040, 2041, 2042, 2043, 2044, 2045, 2046, 2047, 2048, 2049, 2050, 2051, 2052, 2053, 2054, 2055, 2056, 2057, 2058, 2059, 2060, 2061, 2062, 2063, 2064, 2065, 2066, 2067, 2068, 2069, 2070, 2071, 2072, 2073, 2074, 2075, 2076, 2077, 2078, 2079, 2080, 2081, 2082, 2083, 2084, 2085, 2086, 2087, 2088, 2089, 2090, 2091, 2092, 2093, 2094, 2095, 2096, 2097, 2098, 2099, 2100, 2101, 2102, 2103, 2104, 2105, 2106, 2107, 2108, 2109, 2110, 2111, 2112, 2113, 2114, 2115, 2116, 2117, 2118, 2119, 2120, 2121, 2122, 2123, 2124, 2125, 2126, 2127, 2128, 2129, 2130, 2131, 2132, 2133, 2134, 2135, 2136, 2137, 2138, 2139, 2140, 2141, 2142, 2143, 2144, 2145, 2146, 2147, 2148, 2149, 2150, 2151, 2152, 2153, 2154, 2155, 2156, 2157, 2158, 2159, 2160, 2161, 2162, 2163, 2164, 2165, 2166, 2167, 2168, 2169, 2170, 2171, 2172, 2173, 2174, 2175, 2176, 2177, 2178, 2179, 2180, 2181, 2182, 2183, 2184, 2185, 2186, 2187, 2188, 2189, 2190, 2191, 2192, 2193, 2194, 2195, 2196, 2197, 2198, 2199, 2200, 2201, 2202, 2203, 2204, 2205, 2206, 2207, 2208, 2209, 2210, 2211, 2212, 2213, 2214, 2215, 2216, 2217, 2218, 2219, 2220, 2221, 2222, 2223, 2224, 2225, 2226, 2227, 2228, 2229, 2230, 2231, 2232, 2233, 2234, 2235, 2236, 2237, 2238, 2239, 2240, 2241, 2242, 2243, 2244, 2245, 2246, 2247, 2248, 2249, 2250, 2251, 2252, 2253, 2254, 2255, 2256, 2257, 2258, 2259, 2260, 2261, 2262, 2263, 2264, 2265, 2266, 2267, 2268, 2269, 2270, 2271, 2272, 2273, 2274, 2275, 2276, 2277, 2278, 2279, 2280, 2281, 2282, 2283, 2284, 2285, 2286, 2287, 2288, 2289, 2290, 2291, 2292, 2293, 2294, 2295, 2296, 2297, 2298, 2299, 2300, 2301, 2302, 2303, 2304, 2305, 2306, 2307, 2308, 2309, 2310, 2311, 2312, 2313, 2314, 2315, 2316, 2317, 2318, 2319, 2320, 2321, 2322, 2323, 2324, 2325, 2326, 2327, 2328, 2329, 2330, 2331, 2332, 2333, 2334, 2335, 2336, 2337, 2338, 2339, 2340, 2341, 2342, 2343, 2344, 2345, 2346, 2347, 2348, 2349, 2350, 2351, 2352, 2353, 2354, 2355, 2356, 2357, 2358, 2359, 2360, 2361, 2362, 2363, 2364, 2365, 2366, 2367, 2368, 2369, 2370, 2371, 2372, 2373, 2374, 2375, 2376, 2377, 2378, 2379, 2380, 2381, 2382, 2383, 2384, 2385, 2386, 2387, 2388, 2389, 2390, 2391, 2392, 2393, 2394, 2395, 2396, 2397, 2398, 2399, 2400, 2401, 2402, 2403, 2404, 2405, 2406, 2407, 2408, 2409, 2410, 2411, 2412, 2413, 2414, 2415, 2416, 2417, 2418, 2419, 2420, 2421, 2422, 2423, 2424, 2425, 2426, 2427, 2428, 2429, 2430, 2431, 2432, 2433, 2434, 2435, 2436, 2437, 2438, 2439, 2440, 2441, 2442, 2443, 2444, 2445, 2446, 2447, 2448, 2449, 2450, 2451, 2452, 2453, 2454, 2455, 2456, 2457, 2458, 2459, 2460, 2461, 2462, 2463, 2464, 2465, 2466, 2467, 2468, 2469, 2470, 2471, 2472, 2473, 2474, 2475, 2476, 2477, 2478, 2479, 2480, 2481, 2482, 2483, 2484, 2485, 2486, 2487, 2488, 2489, 2490, 2491, 2492, 2493, 2494, 2495, 2496, 2497, 2498, 2499, 2500, 2501, 2502, 2503, 2504, 2505, 2506, 2507, 2508, 2509, 2510, 2511, 2512, 2513, 2514, 2515, 2516, 2517, 2518, 2519, 2520, 2521, 2522, 2523, 2524, 2525, 2526, 2527, 2528, 2529, 2530, 2531, 2532, 2533, 2534, 2535, 2536, 2537, 2538, 2539, 2540, 2541, 2542, 2543, 2544, 2545, 2546, 2547, 2548, 2549, 2550, 2551, 2552, 2553, 2554, 2555, 2556, 2557, 2558, 2559, 2560, 2561, 2562, 2563, 2564, 2565, 2566, 2567, 2568, 2569, 2570, 2571, 2572, 2573, 2574, 2575, 2576, 2577, 2578, 2579, 2580, 2581, 2582, 2583, 2584, 2585, 2586, 2587, 2588, 2589, 2590, 2591, 2592, 2593, 2594, 2595, 2596, 2597, 2598, 2599, 2600, 2601, 2602, 2603, 2604, 2605, 2606, 2607, 2608, 2609, 2610, 2611, 2612, 2613, 2614, 2615, 2616, 2617, 2618, 2619, 2620, 2621, 2622, 2623, 2624, 2625, 2626, 2627, 2628, 2629, 2630, 2631, 2632, 2633, 2634, 2635, 2636, 2637, 2638, 2639, 2640, 2641, 2642, 2643, 2644, 2645, 2646, 2647, 2648, 2649, 2650, 2651, 2652, 2653, 2654, 2655, 2656, 2657, 2658, 2659, 2660, 2661, 2662, 2663, 2664, 2665, 2666, 2667, 2668, 2669, 2670, 2671, 2672, 2673, 2674, 2675, 2676, 2677, 2678, 26

6. *U. luteolus* (L.)

4996

CERTIFICATE OF DEATH

Reg. Dist. No.

| | | | |
|---|--|--|---|
| 1. PLACE OF DEATH a. COUNTY <u>Somerset</u> MARYLAND | | 2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) o. STATE <u>Maryland</u> b. COUNTY <u>Somerset</u> | |
| b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <u>Neel Island</u> | | c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <u>Wentzora</u> | |
| d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION <u>At Home</u> | | d. STREET ADDRESS <u>Main Road</u> | |
| 3. NAME OF DECEASED (Type or print) First <u>JOHN</u> Middle <u>H.</u> Last <u>JOHNSON</u> | | 4. DATE OF DEATH Month <u>April</u> Day <u>9</u> Year <u>1958</u> | |
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>Negro</u> | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH <u>3-4-1887</u> |
| 9. AGE (In years last birthday) yrs <u>71</u> | | IF UNDER 1 YEAR Months <u>—</u> Days <u>—</u> Hours <u>—</u> Min <u>—</u> | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Waterman Seaford</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Maryland</u> | |
| 11. BIRTHPLACE (State or foreign country) <u>U. S. A.</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u> | |
| 13. FATHER'S NAME <u>JOHN JOHNSON</u> | | 14. MOTHER'S MAIDEN NAME <u>MARY JOHNSON</u> | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service) | | 16. SOCIAL SECURITY NO. <u>220-109742</u> | |
| 17. INFORMANT <u>Isoland Johnson</u> Address <u>Nanticoke Rd</u> | | | |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Congestive Heart Failure</u> 443X DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (b) <u>Generalized arteriosclerosis</u> DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <u>Hypertensive cardiovascular disease, arthritis</u> | | | |
| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | | |
| 20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) | |
| 20c. TIME OF INJURY Month, Day, Year Hour a. m. _____ p. m. _____ 19 _____ | 20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/> | 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | 20f. (City or town) (County) (State) |
| 21. I certify that I attended the deceased from <u>9-15-55</u> , 19____, to <u>4-9-58</u> , 19____, that I last saw the deceased alive on <u>4-9-58</u> , 19____, and that death occurred at <u>7:15P</u> M, from the causes and on the date stated above. ADDRESS (Street, city or town, state) <u>Damos Quarter, Maryland</u> DATE SIGNED <u>4-12-58</u> | | | |
| ACTUAL SIGNATURE <u>Everett C. Sutter</u> M.D. | | | |
| PHYSICIAN'S NAME (Type) <u>Everett C. Sutter MD</u> | | | |
| 22a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 22b. DATE THEREOF <u>4-13-58</u> | 22c. NAME OF CEMETERY OR CREMATORY <u>John Wesley</u> | 22d. LOCATION (City, town, or county) (State) <u>Neel Island Md</u> |
| 23. FUNERAL DIRECTOR'S SIGNATURE <u>Swisher Neel Island Md</u> | | 24a. REC'D BY REGISTRAR DATE <u>APR 16 '58</u> | 24b. REGISTRAR'S SIGNATURE <u>W. Beach</u> |

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled out by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

BUREAU V. S.

APR 18 1919

RECEIVED

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

4989

Reg. Dist. No. 04989

FOR STATE
HEALTH DEPT.

1. PLACE OF DEATH
a. COUNTY

Somerset

MARYLAND

b. CITY OR TOWN (If outside corporate limits, write R.U.P.A. and give nearest town)

Crisfield

c. LENGTH OF STAY IN 1b

62 years

d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)

947 W. Broad St.

2. USUAL RESIDENCE (Where deceased lived If institution, residence before admission)

a. STATE Maryland

b. COUNTY Somerset

c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)

Crisfield

d. STREET ADDRESS

947 W. Broad St.

e. IS RES. DEPENDENT ON A FARM
YES ☐ NO ☒

3. NAME OF DECEASED
(Type or print)

First
NELLIE

Middle
SCARBOROUGH

Last
JONES

4. DATE OF DEATH

Month
April 15,

Day

Year

19 58

5. SEX

Female

6. COLOR OR RACE

Negro

7. MARRIED ☐ NEVER MARRIED ☐

WIDOWED ☒ DIVORCED ☐

8. DATE OF BIRTH

March 10, 1891

9. AGE (In years last birthday)

67 yrs

IF UNDER 1 YEAR

Months Days

IF UNDER 24 HRS

Hours Min

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Seafood Worker

10b. KIND OF BUSINESS OR INDUSTRY

Oyster & Crab

11. BIRTHPLACE (State or foreign country)

Accomac, Virginia

12. CITIZEN OF WHAT COUNTRY?

USA

13. FATHER'S NAME

Ned Sterling

14. MOTHER'S MAIDEN NAME

Martha Scarborough

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no, or unknown)

No

None

16. SOCIAL SECURITY NO.

212-12-3366

17. INFORMANT

Wm. H. Jones, Jr. 947 W. Broad St., Crisfield, Md.

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]

PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a)

434.2

DUE TO

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.

(b)

DUE TO

(c)

Asthma
Cardiac Complication

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITIONS GIVEN IN PART I (a)

20a. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II (a) or (b))

20c. TIME OF INJURY
Hour a. m. p. m.

Month, Day, Year

19

20d. INJURY OCCURRED
While at work ☐ Not while at work ☐

20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)

20f. (City or town)

(State)

21. I certify that I took charge of the remains described above, held on Autopsy ☐ Inspection ☒ Inquiry ☐ and in my opinion death resulted from: Natural causes ☒ Accident ☐ Suicide ☐ Homicide ☐ Undetermined manner ☐

ACTUAL SIGNATURE

EXAMINER'S NAME (Type)

William H. Coulbourn, M. D.

M.D.

CHIEF MEDICAL EXAMINER ☐

ASSISTANT MEDICAL EXAMINER ☐

DEPUTY MEDICAL EXAMINER ☒

DATE SIGNED

April 17-58

22a. BURIAL, CREMATION REMOVAL (Specify)

Burial

22b. DATE THEREOF

4-18-58

22c. NAME OF CEMETERY OR CREMATORY

Lawsonia Cemetery

22d. LOCATION (City, town, or county)

Crisfield, Md.

(State)

23. FUNERAL DIRECTOR'S SIGNATURE

Bradshaw & Sons, Crisfield, Md.

24a. REC'D BY REGISTRAR

DATE

APR 21-58

24b. REGISTRAR'S SIGNATURE

Wm. H. Jones, Jr.

1958

BUREAU V. 2

1958

RECEIVED

4997 CERTIFICATE OF DEATH

Reg. Dist. No.

| | | | |
|--|-------------------------------|--|---------------------------------------|
| I. PLACE OF DEATH a. COUNTY <u>Somerset</u> MARYLAND | | 2. USUAL RESIDENCE (Where deceased lived. If institution. Residence before admission) a. STATE <u>Md</u> b. COUNTY <u>Somerset</u> | |
| b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <u>Westover</u> | | c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <u>Westover</u> | |
| d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION | | e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input type="checkbox"/> | |
| II. NAME OF DECEASED (Type or print) <u>Arintha</u> First <u>B.</u> Middle <u>Miles</u> Last | | 4. DATE OF DEATH <u>April</u> Month <u>25</u> Day <u>1958</u> Year | |
| 5. SEX <u>Female</u> | 6. COLOR OR RACE <u>Negro</u> | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH <u>June 18, 1899</u> |
| 9. AGE (In years last birthday) <u>58</u> yrs | | IF UNDER 1 YEAR IF UNDER 24 HRS Months Days Hours Min | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Factory Laborer</u> | | 10b. KIND OF BUSINESS OR INDUSTRY | |
| 11. BIRTHPLACE (State or foreign country) <u>Baltimore</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | |
| 13. FATHER'S NAME <u>John Milbourne</u> | | 14. MOTHER'S MAIDEN NAME <u>Mary Hester Ballard</u> | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <u>No.</u> | | 16. SOCIAL SECURITY NO. <u>219-0338-29</u> | |
| 17. INFORMANT <u>Arintha P. Miles Westover, Md.</u> | | Address | |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b) and (c).] PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) <u>443X Cerebral Hemorrhage</u> DUE TO (b) <u>Hypertension</u> DUE TO (c) <u>Cardio Vascular Disease</u> | | INTERVAL BETWEEN ONSET AND DEATH <u>1 hr</u> <u>2 yrs</u> <u>3 yrs</u> | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <u>Arthritis</u> | | 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |
| 20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) <u>none</u> | |
| 20c. TIME OF INJURY Month, Day, Year Hour o. m. p. m. <u>19</u> | | 20d. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> of work <input type="checkbox"/> of work <input type="checkbox"/> | |
| 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | | 20f. (City or town) (County) (State) | |
| 21. I certify that I attended the deceased from <u>Apr 4</u> 19 <u>58</u> to <u>Apr 25</u> 19 <u>58</u> , that I last saw the deceased alive on <u>Apr 25</u> 19 <u>58</u> , and that death occurred at <u>5:10 PM</u> , from the causes and on the date stated above. | | 21. I certify that I attended the deceased from <u>Apr 4</u> 19 <u>58</u> to <u>Apr 25</u> 19 <u>58</u> , that I last saw the deceased alive on <u>Apr 25</u> 19 <u>58</u> , and that death occurred at <u>5:10 PM</u> , from the causes and on the date stated above. | |
| ACTUAL SIGNATURE <u>B. Frank Giganti</u> M.D. | | ADDRESS (Street, city or town, floor) <u>20 Prince William St</u> | |
| PHYSICIAN'S NAME (Type) <u>B. FRANK GIGANTI</u> | | DATE SIGNED <u>4/26/58</u> | |
| 22a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 22b. DATE THEREOF <u>May 6, 1958</u> | |
| 22c. NAME OF CEMETERY OR CREMATORY <u>Cottage Grove</u> | | 22d. LOCATION (City, town, or county) (State) <u>Cottage Grove, Md.</u> | |
| 23. FUNERAL DIRECTOR'S SIGNATURE <u>Charles H. Ward</u> | | 24a. REC'D BY REGISTRAR <u>May 5 58</u> | |
| ADDRESS <u>Marion St., Md.</u> | | 24b. REGISTRAR'S SIGNATURE <u>W. R. R. R.</u> | |

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled out by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.



MEDICAL EXAMINER'S CERTIFICATE OF DEATH

4998

Reg. Dist. No.

| | | | | | | | |
|---|--|---|--|--|--|---|--|
| 1. PLACE OF DEATH a. COUNTY SOMERSET MARYLAND | | | | 2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission) a. STATE MARYLAND b. COUNTY SOMERSET | | | |
| b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) POCOLONE | | c. LENGTH OF STAY IN 1b 7 DAYS | | c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) POCOLONE | | d. IS RESIDENCE ON A FARM? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> | |
| d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) | | | | d. STREET ADDRESS | | | |
| 3. NAME OF DECEASED (Type or print) First BABY Middle Last PITTMAN | | | | 4. DATE OF DEATH Month 4 Day 25 Year 1958 | | | |
| 5. SEX FEMALE | | 6. COLOR OR RACE COLORED | | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | | 8. DATE OF BIRTH 4/1/58 | |
| 9. AGE (In years last birthday) yrs. 7 | | IF UNDER 1 YEAR Months 7 Days 7 Hours 7 Min. 7 | | IF UNDER 24 HRS. Months 7 Days 7 Hours 7 Min. 7 | | | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | | 10b. KIND OF BUSINESS OR INDUSTRY | | 11. BIRTHPLACE (State or foreign country) LA WLAD | | 12. CITIZEN OF WHAT COUNTRY? U S A | |
| 13. FATHER'S NAME JESSE COLLIER | | | | 14. MOTHER'S MAIDEN NAME HELEN PITTMAN | | | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) | | 16. SOCIAL SECURITY NO. (If yes, give war or dates of service) | | 17. INFORMANT Address | | | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Bronch pneumonia DUE TO (b) sick for two days with cold DUE TO (c) Cold fever Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. | | | | | | INTERVAL BETWEEN ONSET AND DEATH 2 day | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) | | | | | | | |
| 20a. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH. | | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) | | | | | |
| 20c. TIME OF INJURY Hour 19 o. m. 19 p. m. | | 20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/> | | 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | | 20f. (City or town) (County) (State) | |
| 21. I certify that I took charge of the remains described above, held an Autopsy <input type="checkbox"/> , Inspection <input checked="" type="checkbox"/> , Inquiry <input checked="" type="checkbox"/> , and find that death resulted from: Natural causes <input checked="" type="checkbox"/> , Accident <input type="checkbox"/> , Suicide <input type="checkbox"/> , Homicide <input type="checkbox"/> , Undetermined cause <input type="checkbox"/> . | | | | | | | |
| ACTUAL SIGNATURE R.H. Johnson | | | | M.D. CHIEF MEDICAL EXAMINER <input type="checkbox"/> | | | |
| EXAMINER'S NAME (Type) R.H. Johnson | | | | ASSISTANT MEDICAL EXAMINER <input type="checkbox"/> | | | |
| | | | | DEPUTY MEDICAL EXAMINER April 26, 1958 | | | |
| 22a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL | | 22b. DATE THEREOF 4/26/58 | | 22c. NAME OF CEMETERY OR CREMATORY TINDLEY CHAPEL | | 22d. LOCATION (City, town, or county) (State) TINDLEY CHAPEL MARYLAND | |
| 23. FUNERAL DIRECTOR'S SIGNATURE WILLIAM H. J. E. JR. PRINCESS ANNE, MD | | | | 24a. REC'D BY REGISTRAR DATE MAY 2 58 | | 24b. REGISTRAR'S SIGNATURE W. H. Johnson | |

MEDICAL CERTIFICATION

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the word "pending" in pencil in item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the registrar prior to burial, cremation, or removal.

2 day

Black pneumonia
and for the day with cold
and fever

7

✓

✓

✓

April 26 - 1928

E. H. Johnson
Rt. Johnson

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

4990

CERTIFICATE OF DEATH

04992

Reg. Dist. No.

| | | | |
|--|-------------------------------|---|---|
| 1. PLACE OF DEATH a. COUNTY Somerset MARYLAND | | 2. USUAL RESIDENCE (Where deceased lived. If institution Residence before admission) o. STATE Maryland b. COUNTY Somerset | |
| b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Crisfield | | c. LENGTH OF STAY IN 1b Lifetime | |
| d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION East Chesapeake Ave. | | e. STREET ADDRESS East Chesapeake Ave. | |
| 3. NAME OF DECEASED (Type or print) First CLEVELAND Middle - Last SOMERS | | 4. DATE OF DEATH Month April Day 25 Year 1958 | |
| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH August 18, 1884 |
| 9. AGE (In years birth day) 73 yrs | | IF UNDER 1 YEAR Months Days Hours Min IF UNDER 24 HRS | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Waterman | | 10b. KIND OF BUSINESS OR INDUSTRY Seafood | |
| 11. BIRTHPLACE (State or foreign country) Maryland | | 12. CITIZEN OF WHAT COUNTRY? USA | |
| 13. FATHER'S NAME Hance Somers | | 14. MOTHER'S MAIDEN NAME Matilda Sterling | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No | | 16. SOCIAL SECURITY NO 215-10-2771 | |
| 17. INFORMANT Mrs. Esther Somers, Crisfield, Md. | | Address | |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: 331X IMMEDIATE CAUSE (a) Cerebral hemorrhage DUE TO (b) Arterio sclerosis Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost, (c) yes. | | INTERVAL BETWEEN ONSET AND DEATH 5-6 hrs | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) | | | |
| 20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) | |
| 20c. TIME OF INJURY Month, Day, Year Hour o. m. 19 p. m. | | 20d. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> of work of work | |
| 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | | 20f. (City or town) (County) (State) | |
| 21. I certify that I attended the deceased from July 9, 1954 to April 25, 1958 , that I last saw the deceased alive on April 25, 1958 , and that death occurred at Md. from the causes and on the date stated above. | | | |
| ACTUAL SIGNATURE C. G. Rawley M. D. | | ADDRESS (Street, city or town, state) Crisfield, Md. | |
| PHYSICIAN'S NAME (Type) C. G. Rawley, M. D. | | DATE SIGNED Crisfield, Md. | |
| 22a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 22b. DATE THEREOF 4-27-58 | |
| 22c. NAME OF CEMETERY OR CREMATORY Sunnyridge Cemetery | | 22d. LOCATION (City, town, or county) (State) Crisfield, Md. | |
| 23. FUNERAL DIRECTOR'S SIGNATURE Bradshaw & Sons, 531 Main St., Crisfield, Md. | | ADDRESS | |
| 24a. REC'D BY REGISTRAR APR 29 '58 | | 24b. REGISTRAR'S SIGNATURE W. Leach | |

MEDICAL CERTIFICATION

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled out by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event, within 72 hours after death.

BUREAU V. E.

APR 29 1958

RECEIVED

4999 CERTIFICATE OF DEATH

Reg. Dist. No.

| | | | |
|---|--|--|---|
| 1. PLACE OF DEATH a. COUNTY <u>Somerset</u> MARYLAND | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Md</u> b. COUNTY <u>Somerset</u> | |
| b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <u>Rural Cresfield</u> | | c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <u>Rural Cresfield</u> | |
| d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION | | d. STREET ADDRESS | |
| 3. NAME OF DECEASED (Type or print) First <u>Eugene</u> Middle <u>Edward</u> Last <u>Stirling</u> | | 4. DATE OF DEATH Month <u>April</u> Day <u>7</u> Year <u>1958</u> | |
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH <u>June 1882</u> |
| 9. AGE (In years last birthday) <u>76</u> yrs. | | IF UNDER 1 YEAR Months Days Hours Min. | IF UNDER 24 HRS. Months Days Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Farmer</u> | | 10b. KIND OF BUSINESS OR INDUSTRY | |
| 11. BIRTHPLACE (State or foreign country) <u>Md</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u> | |
| 13. FATHER'S NAME <u>Robert Stirling</u> | | 14. MOTHER'S MAIDEN NAME <u>Lucy Bradshaw</u> | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service) | | 16. SOCIAL SECURITY NO <u>-</u> | |
| 17. INFORMANT <u>Newman Stirling</u> | | Address <u>Cresfield Md</u> | |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Coronary thrombosis</u> DUE TO (b) _____ Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost. (c) _____ DUE TO _____ | | | INTERVAL BETWEEN ONSET AND DEATH <u>7-8 days</u> |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) _____ | | | |
| 20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) | |
| 20c. TIME OF INJURY Month, Day, Year Hour a. m. p. m. <u>19</u> | 20d. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/> | 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | 20f. (City or town) (County) (State) |
| 21. I certify that I attended the deceased from <u>Sept.</u> , 1957, to <u>April 7</u> , 1958, that I last saw the deceased alive on <u>April 7</u> , 1958, and that death occurred at <u>12:04</u> M, from the causes and on the date stated above. | | | |
| ACTUAL SIGNATURE <u>C. R. Cowley</u> | | ADDRESS (Street, city or town, state) <u>Cresfield - Md</u> DATE SIGNED <u>4/8/58</u> | |
| PHYSICIAN'S NAME (Type) | | | |
| 22a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 22b. DATE THEREOF <u>4/8/58</u> | 22c. NAME OF CEMETERY OR CREMATORY <u>Sunnyvale</u> | 22d. LOCATION (City, town, or county) (State) <u>Cresfield Md</u> |
| 23. FUNERAL DIRECTOR'S SIGNATURE <u>James Hannon</u> | | ADDRESS <u>Cresfield Md</u> | |
| 24a. REC'D BY REGISTRAR <u>APR 14 1958</u> | | 24b. REGISTRAR'S SIGNATURE <u>W. H. Smith</u> | |

MEDICAL CERTIFICATION

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled out, the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

BUREAU V. S.

FR 14 1938

RECEIVED

5000

CERTIFICATE OF DEATH

Reg. Dist. No.

| | | | | | | | |
|--|--|---|-------------------------|---|---|---|---|
| 1. PLACE OF DEATH a. COUNTY <u>SOMERSET</u> MARYLAND | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MARYLAND</u> b. COUNTY <u>SOMERSET</u> | | | |
| b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <u>CRISFIELD</u> | | | c. LENGTH OF STAY IN 1b | | c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <u>CRISFIELD</u> | | |
| d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION <u>EDW. W. MCCREADY MEMO.</u> | | | | d. STREET ADDRESS <u>946 WEST BROAD STREET</u> | | e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |
| 3. NAME OF DECEASED (Type or print) <u>EMMA</u> First <u>STEVENS</u> Middle <u>LAST</u> Last | | | | 4. DATE OF DEATH <u>APRIL</u> Month <u>18</u> Day <u>19</u> Year <u>58</u> | | | |
| 5. SEX <u>FEMALE</u> | | 6. COLOR OR RACE <u>NEGRO</u> | | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | | 8. DATE OF BIRTH <u>JULY 10, 1891</u> | |
| 9. AGE (In years last birthday) <u>66</u> yrs | | IF UNDER 1 YEAR Months <u> </u> Days <u> </u> Hours <u> </u> Min <u> </u> | | IF UNDER 24 HRS | | | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u> | | | | 10b. KIND OF BUSINESS OR INDUSTRY | | 11. BIRTHPLACE (State or foreign country) <u>VIRGINIA</u> | |
| 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | | | | | | | |
| 13. FATHER'S NAME <u>JAMES MAPP</u> | | | | 14. MOTHER'S MAIDEN NAME <u>MISSOURI ?</u> | | | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes no, or unknown) <u>NO</u> (If yes, give war or dates of service) | | | | 16. SOCIAL SECURITY NO | | 17. INFORMANT <u>MARY BROWN, 945 BROAD ST., CRISFIELD</u> Address | |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c)] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cerebral Hemorrhage</u> <u>420.0</u> DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (b) <u>Chronic Arteriosclerosis of Heart & Blood Vessels</u> DUE TO (c) <u> </u> | | | | | | | INTERVAL BETWEEN ONSET AND DEATH <u>6 days</u> |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <u>481X Impaired</u> | | | | | | | 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
| 20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | | | | 20b. DESCRIBE HOW INJURY OCCURRED. (Date nature of injury in Part I or Part II of item 18) | | | |
| 20c. TIME OF INJURY Month, Day, Year Hour o. m. <u>19</u> p. m. | | 20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/> | | 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | | 20f. (City or town) (County) (State) | |
| 21. I certify that I attended the deceased from <u>March 5, 1958</u> to <u>April 16, 1958</u> that I last saw the deceased alive on <u>April 12, 1958</u> , and that death occurred at <u>5:40 AM</u> from the causes and on the date stated above. ADDRESS (Street, city or town, state) <u>CRISFIELD, MARYLAND</u> DATE SIGNED <u>4/18/58</u> | | | | | | | |
| ACTUAL SIGNATURE <u>G. H. Barr</u> M.D. | | | | PHYSICIAN'S NAME (Type) <u>DR. A. N. BARR</u> <u>CRISFIELD, MARYLAND</u> | | | |
| 22a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 22b. DATE THEREOF <u>Apr. 21, 1958</u> | | 22c. NAME OF CEMETERY OR CREMATORY <u>Burton Cemetery</u> | | 22d. LOCATION (City town, or county) (State) <u>Watchapreague, Virginia</u> | |
| 23. FUNERAL DIRECTOR'S SIGNATURE <u>Bradshaw & Sons--Crisfield, Md.</u> ADDRESS | | | | 24a. REC'D BY REGISTRAR DATE <u>APR 22 1958</u> | | 24b. REGISTRAR'S SIGNATURE <u>W. L. Smith</u> | |

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in, the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

BUREAU V. S.

SEP 3 1900

RECEIVED

5001

CERTIFICATE OF DEATH

Reg. Dist. No.

| | | | | | | | |
|---|--|---|--|--|--|---|--|
| 1. PLACE OF DEATH a. COUNTY <u>SOMERSET</u> MARYLAND | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution. Residence before admission) a. STATE <u>MARYLAND</u> b. COUNTY <u>SOMERSET</u> | | | |
| b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <u>CRISFIELD</u> | | | | c. LENGTH OF STAY IN 1b <u>45 years</u> | | | |
| d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION <u>EDW. W. MCCREADY MEMORIAL HOSP.</u> | | | | e. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <u>39 CRISFIELD</u> | | | |
| f. STREET ADDRESS <u>SOMERSET</u> | | | | g. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | | |
| 3. NAME OF DECEASED (Type or print) First <u>M.</u> Middle <u>BREVORT</u> Last <u>THAWLEY</u> | | | | 4. DATE OF DEATH Month <u>APRIL</u> Day <u>4</u> Year <u>19 58</u> | | | |
| 5. SEX <u>MALE</u> | | 6. COLOR OR RACE <u>WHITE</u> | | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | | 8. DATE OF BIRTH <u>9-7-1884</u> | |
| 9. AGE (In years last birthday) <u>73</u> yrs. | | IF UNDER 1 YEAR Months <u> </u> Days <u> </u> Hours <u> </u> Min <u> </u> | | 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>OWNER</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>LUMBER Co.</u> | |
| 11. BIRTHPLACE (State or foreign country) <u>MARYLAND</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> | | 13. FATHER'S NAME <u>John W. Thawley</u> | | 14. MOTHER'S MAIDEN NAME <u>Adelaide Cochrane</u> | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> | | 16. SOCIAL SECURITY NO (If yes, give war or dates of service) <u>None</u> | | 17. INFORMANT <u>MRS. ALICE THAWLEY</u> | | Address <u>CRISFIELD, Md.</u> | |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Uremia acute 2 1/2 weeks</u> DUE TO <u>Cirrhosis of liver</u> Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (b) <u>Cirrhosis of liver</u> DUE TO (c) <u>Cirrhosis of liver</u> | | | | INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u> | | | |
| PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <u>High blood pressure</u> | | | | 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | | |
| 20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, NOTIFY MEDICAL EXAMINER) | | 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18.) | | 20c. TIME OF INJURY Hour <u> </u> o. m. <u> </u> p. m. <u> </u> 19 <u>58</u> | | 20d. INJURY OCCURRED While of work <input type="checkbox"/> Not while of work <input type="checkbox"/> | |
| 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | | 20f. (City or town) | | (County) | | (State) | |
| 21. I certify that I attended the deceased from <u>March 20</u> , 19 <u>58</u> , to <u>April 4</u> , 19 <u>58</u> , that I last saw the deceased alive on <u>APRIL 4</u> , 19 <u>58</u> , and that death occurred at <u>3:00 P.M.</u> , from the causes and on the date stated above. | | | | | | | |
| ACTUAL SIGNATURE <u>George C. Coulbourn</u> | | | | ADDRESS (Street, city or town, state) <u>M.D. MARION STATION, Md.</u> | | | |
| DATE SIGNED <u>APR 8 '58</u> | | | | DATE SIGNED <u>APR 8 '58</u> | | | |
| PHYSICIAN'S NAME (Type) <u>DR. GEORGE C. COULBOURN</u> | | MARION STATION, MARYLAND | | 22a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 22b. DATE THEREOF <u>4-8-58</u> | |
| 22c. NAME OF CEMETERY OR CREMATORY <u>Sunnyridge Cemetery</u> | | 22d. LOCATION (City, town, or county) <u>Crisfield, Maryland</u> | | (State) | | 23. FUNERAL DIRECTOR'S SIGNATURE <u>Bradshaw & Sons, Crisfield, Maryland</u> | |
| 24a. REC'D BY REGISTRAR <u>APR 8 '58</u> | | 24b. REGISTRAR'S SIGNATURE <u>Overseer</u> | | 24c. REGISTRAR'S SIGNATURE | | 24d. REGISTRAR'S SIGNATURE | |

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 1 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in, the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

BUREAU V. E.

1938

RECEIVED

5002

CERTIFICATE OF DEATH

Reg. Dist. No.

| | | | |
|---|----------------------------------|--|---|
| 1. PLACE OF DEATH a. COUNTY SOMERSET MARYLAND | | 2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) o. STATE Maryland b. COUNTY Somerset | |
| b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) WENONA | | c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) x Wenona | |
| d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION AT HOME | | d. STREET ADDRESS Main Road | |
| 3. NAME OF DECEASED (Type or print) First MARY Middle THOMAS Last THOMAS | | 4. DATE OF DEATH Month April Day 3 Year 1958 | |
| 5. SEX Female | 6. COLOR OR RACE White | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH April 5-1879 |
| 9. AGE (In years last birthday) 78 yrs. | | IF UNDER 1 YEAR: Months — Days — Hours — Min. — | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Household duties Household | | 10b. KIND OF BUSINESS OR INDUSTRY Maryland | |
| 11. BIRTHPLACE (State or foreign country) U. S. A. | | 12. CITIZEN OF WHAT COUNTRY? U. S. A. | |
| 13. FATHER'S NAME CYRUS THOMAS | | 14. MOTHER'S MAIDEN NAME MARY CURTIS | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no | | 16. SOCIAL SECURITY NO. — | |
| 17. INFORMANT Cooper Thomas | | Address Wenona Ind | |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Myocardial infarction DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (b) Arteriosclerotic heart disease DUE TO (c) — | | | INTERVAL BETWEEN ONSET AND DEATH 1 hour years |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) Hypertensive cardiovascular disease, chronic gall bladder disease | | | |
| 20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) | |
| 20c. TIME OF INJURY Month, Day, Year Hour a. m. p. m. 19 | | 20d. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/> | |
| 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | | 20f. (City or town) (County) (State) | |
| 21. I certify that I attended the deceased from 1958 , 19 April 3 , 19 58 , that I last saw the deceased alive on April 3 , 19 58 , and that death occurred at 8pm M, from the causes and on the date stated above. ADDRESS (Street, city or town, state) Dames Quarter, Maryland DATE SIGNED 4-5-58 | | | |
| ACTUAL SIGNATURE Everett C Sutter M.D. | | PHYSICIAN'S NAME (Type) Everett C. Sutter MD | |
| 22a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 22b. DATE THEREOF 4-6-58 | |
| 22c. NAME OF CEMETERY OR CREMATOR St. Pauls | | 22d. LOCATION (City, town, or county) (State) Wenona Ind | |
| 23. FUNERAL DIRECTOR'S SIGNATURE Webster | | ADDRESS Deal Island Md | |
| 24a. REC'D BY REGISTRAR APR 10 '58 | | 24b. REGISTRAR'S SIGNATURE Albrecht | |

MEDICAL CERTIFICATION

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled out, the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

BUREAU V. B.

8961 CT 10.

RECEIVED

5703 CERTIFICATE OF DEATH

04997

Reg. Dist. No.

| | | | |
|--|---|--|---|
| 1. PLACE OF DEATH a. COUNTY Somerset MARYLAND | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Maryland b. COUNTY Somerset | |
| b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Crisfield | | c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Crisfield | |
| d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION R.F.D. # 1 | | d. STREET ADDRESS R.F.D. # 1 | |
| 3. NAME OF DECEASED (Type or print) FANNIE H. WARD | | 4. DATE OF DEATH April 20 19 58 | |
| 5. SEX Female | 6. COLOR OR RACE White | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH May 18, 1867 |
| 9. AGE (In years last birthday) 90 yrs. | | IF UNDER 1 YEAR Months Days Hours Min. | IF UNDER 24 HRS. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife | | 10b. KIND OF BUSINESS OR INDUSTRY Domestic | |
| 11. BIRTHPLACE (State or foreign country) Crisfield, Md. | | 12. CITIZEN OF WHAT COUNTRY? U S A | |
| 13. FATHER'S NAME Edgar W. Horsey | | 14. MOTHER'S MAIDEN NAME Mary E. Hickman | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No | | 16. SOCIAL SECURITY NO. None | |
| 17. INFORMANT Miss Kathryn Ward--R.F.D.#1-Crisfield, Md. | | Address | |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c)] | | | |
| PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Arteriosclerosis DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost. (b) DUE TO (c) | | | INTERVAL BETWEEN ONSET AND DEATH 5 yrs. |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 493X Pneumonia | | | |
| 20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, NOTIFY MEDICAL EXAMINER) | | 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18.) | |
| 20c. TIME OF INJURY Hour a. m. p. m. 19 | 20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/> | 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | 20f. (City or town) (County) (State) |
| 21. I certify that I attended the deceased from April 11, 1958 , to April 20, 1958 , that I last saw the deceased alive on April 19, 1958 , and that death occurred at 4:00 A.M. from the causes and on the date stated above. | | | |
| ACTUAL SIGNATURE Sarah M. Peyton M.D. | | ADDRESS (Street, city or town, state) DATE SIGNED | |
| PHYSICIAN'S NAME (Type) Dr. Sarah M. Peyton, M. D. | | Main St.--Crisfield, Md. | |
| 22a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 22b. DATE THEREOF April 22, 1958 | 22c. NAME OF CEMETERY OR CREMATORY Sunnyridge Cemetery | 22d. LOCATION (City, town, or county) (State) Crisfield, Md. |
| 23. FUNERAL DIRECTOR'S SIGNATURE Bradshaw & Sons--Crisfield, Md. | | 24. REC'D BY REGISTRAR APR 24 '58 | |
| 25. REGISTRAR'S SIGNATURE W. J. ... | | | |

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled out, the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

BUREAU V. S.

APR 24 1958

RECEIVED

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

4991

CERTIFICATE OF DEATH

04998

Reg. Dist. No.

| | | | |
|--|-------------------------------|--|---|
| 1. PLACE OF DEATH a. COUNTY Somerset MARYLAND | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Maryland b. COUNTY Somerset | |
| b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Crisfield | | c. LENGTH OF STAY IN 1b 9 years | |
| d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION S. First St. | | e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |
| 3. NAME OF DECEASED (Type or print) First GERTRUDE Middle ANN Last WEBB | | 4. DATE OF DEATH Month April 17, Day 19 Year 58 | |
| 5. SEX Female | 6. COLOR OR RACE White | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH June 10, 1891 |
| 9. AGE (In years last birthday) 66 yrs. | | IF UNDER 1 YEAR Months 66 Days 66 Hours 66 Min. 66 | IF UNDER 24 HRS. Months 66 Days 66 Hours 66 Min. 66 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife | | 10b. KIND OF BUSINESS OR INDUSTRY Own home | |
| 11. BIRTHPLACE (State or foreign country) Heathville, Virginia | | 12. CITIZEN OF WHAT COUNTRY? USA | |
| 13. FATHER'S NAME Charles H. Clark | | 14. MOTHER'S MAIDEN NAME Mary Ann Dungan | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No | | 16. SOCIAL SECURITY NO. None | |
| 17. INFORMANT Lloyd A. Webb, S. 1st St., Crisfield, Md. | | Address | |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Hemorrhage DUE TO Hypertensive arterio-sclerotic heart disease Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last, (b) disease DUE TO (c) | | INTERVAL BETWEEN ONSET AND DEATH minutes | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) | | | |
| 20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | | 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18.) | |
| 20c. TIME OF INJURY Month, Day, Year Hour a. m. 19 p. m. | | 20d. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/> | |
| 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | | 20f. (City or town) (County) (State) | |
| 21. I certify that I attended the deceased from Nov. 1, 1957 to Jan. 30, 1958 , that I last saw the deceased alive on Jan 30, 1958 , and that death occurred at 445 M, from the causes and on the date stated above. | | | |
| ACTUAL SIGNATURE C. G. Rawley | | ADDRESS (Street, city or town, state) Crisfield Md | |
| PHYSICIAN'S NAME (Type) C. G. Rawley, M. D. | | DATE SIGNED Apr 22 '58 | |
| 22a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 22b. DATE THEREOF 4-20-58 | |
| 22c. NAME OF CEMETERY OR CREMATORY Webb-Clark Private Cemetery | | 22d. LOCATION (City, town, or county) (State) Heathville, Virginia | |
| 23. FUNERAL DIRECTOR'S SIGNATURE Bradshaw & Sons, Crisfield, Md. | | ADDRESS | |
| 24a. REC'D BY REGISTRAR APR 22 '58 | | 24b. REGISTRAR'S SIGNATURE Alb. Search | |

MEDICAL CERTIFICATION

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

RECEIVED

APR 22 1963

BUREAU V. S.

24b. REGISTRAR'S SIGNATURE

APR 29 '58

Redouch

VS A15 (4)
15M 10/57

DEPARTMENT OF HEALTH - BATHING
STATE OF NEW YORK
CERTIFICATE OF DEATH

BUREAU V. 3

APR 29 1958

RECEIVED

5005 CERTIFICATE OF DEATH

Reg. Dist. No.

| | | | | | | | |
|---|------------------------------------|---|--------------------------------------|---|---|---|------------------|
| 1. PLACE OF DEATH a. COUNTY SOMERSET MARYLAND | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MARYLAND b. COUNTY SOMERSET | | | |
| b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) PRINCESS ANNE | | | | c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) PRINCESS ANNE | | | |
| d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION | | | | d. STREET ADDRESS 1 | | e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |
| 3. NAME OF DECEASED (Type or print) First SARAH Middle WHITE Last WHITE | | | | 4. DATE OF DEATH Month 4 Day 6 Year 1958 | | | |
| 5. SEX FEMALE | 6. COLOR OR RACE COLORED | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH 6/14/1870 | 9. AGE (In years last birthday) 87 yrs. | IF UNDER 1 YEAR Months Days Hours Min. | | IF UNDER 24 HRS. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSE WORK | | 10b. KIND OF BUSINESS OR INDUSTRY HOUSE WORK | | 11. BIRTHPLACE (State or foreign country) MARYLAND | | 12. CITIZEN OF WHAT COUNTRY? U.S.A. | |
| 13. FATHER'S NAME WILLIAM H. HAYMAN | | | | 14. MOTHER'S MAIDEN NAME CHARLOTTE WINDER | | | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) | | 16. SOCIAL SECURITY NO. | | 17. INFORMANT Address LOTTIE WINDWRIGHT PRINCESS ANNE, MD. | | | |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c)] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Haemorrhage 331X DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (b) Hypertension DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) | | | | | | INTERVAL BETWEEN ONSET AND DEATH 6 days 6 mths | |
| 20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, NOTIFY MEDICAL EXAMINER) | | | | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) | | | |
| 20c. TIME OF INJURY Month, Day, Year Hour o. m. p. m. 19 | | 20d. INJURY OCCURRED While of work <input type="checkbox"/> Not while of work <input type="checkbox"/> | | 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | | 20f. (City or town) (County) (State) | |
| 21. I certify that I attended the deceased from April 3, 1958 to April 5, 1958 , that I last saw the deceased alive on April 3, 1958 , and that death occurred at 12:45 PM , from the causes and on the date stated above. ADDRESS (Street, city or town, state) Princess Anne, Md. DATE SIGNED 1 | | | | | | | |
| ACTUAL SIGNATURE Eldon G. Markman | | | | PHYSICIAN'S NAME (Type) ELDON G. MARKMAN | | | |
| 22a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL | | 22b. DATE THEREOF 4/10/58 | | 22c. NAME OF CEMETERY OR CREMATORY JOHN WESLEY | | 22d. LOCATION (City, town, or county) (State) PRINCESS ANNE, MARYLAND | |
| 23. FUNERAL DIRECTOR'S SIGNATURE William H. Jones for Princess Anne | | | | 24. REC'D BY REGISTRAR DATE APR 10 '58 | | 24b. REGISTRAR'S SIGNATURE W. H. Jones | |

MEDICAL CERTIFICATION

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BUREAU V. S.

APR 10 1958

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